



Agency Name: | |
 Contract Numbers: State Contract- | |
 MIECHV Contract- | |
 Name of Person Completing Form: | |

**QUARTERLY REPORT
 NARRATIVE**

1ST | | 2ND | | 3RD | | 4TH

DATES COVERED BY THE REPORT: | Select Date | to | Select Date |

Data Report Attached | | **Yes** | | **No**

STAFF RECRUITMENT & RETENTION

(BPS Standard 9-4, 9-3.B) (CA Standard Q-4.7, Q-4.6, Q-4.5)

Who left the program when and reasons why (include some details to indicate reason)? If applicable, what did the program do to address the reason(s) staff left? How long does the program anticipate this position will be vacant? (Reminder: Prior approval is required by Central Administration for all program managers and for program supervisors that do not meet the HFA standard.)

[Click or tap here to enter text.]

What strategies/activities did the program use to recruit and retain staff and what team building activities did the program implement this quarter? (i.e., how the open position is advertised, wellness events, team building events, etc.)

[Click or tap here to enter text.]

Who was hired, when, for what position? date the criminal background check occurred.

[Click or tap here to enter text.]

The impact this turnover has had on the program (i.e., utilization, caseload, case weight, families on TR (as a result), FROG, home visit achievement)

[Click or tap here to enter text.]

Vacancies/staff on extended leave this quarter.

[Click or tap here to enter text.]

TRAINING & STAFF DEVELOPMENT

(BPS Standard 10, 11, 12-2.B, 12-3.B, 12-4.B) (CA Standard Q-4.5)

Summarize training needs met this quarter (i.e., CORE, Wrap-around, annual reporting of child abuse and neglect training, cultural humility training, etc.)

[Click or tap here to enter text.]

Current unmet training needs (PHQ-9, ASQ, CORE, etc.)

[Click or tap here to enter text.]

Reasons that contributed to unmet training needs

[Click or tap here to enter text.]

Please summarize any opportunities that were made available this quarter for the professional development of staff (FSS, FRS, Supervisors, Program Manager).

[Click or tap here to enter text.]

QUALITY ASSURANCE/MANAGEMENT IMPROVEMENT ACTIVITIES

(BPS Standard 12-1.B, 12-3.B, 12-3.C, GA-2.B) (CA Standard Q-4.6)

Summarize activities used to determine the level of quality of services provided (i.e., Participant surveys, observations, file review, staff surveys, service plan, QA phone calls, case record/binder review, supervision notes reviewed, etc.).

[Click or tap here to enter text.]

Did direct staff receive at least 75% of their required weekly supervision as outlined in the HFA Best Practice Standard 12-1.B? **Yes** **No**

Did supervisory staff receive reflective supervision at least monthly? **Yes** **No**

If applicable, challenges meeting weekly/monthly supervision.

[Click or tap here to enter text.]

Forms/tracking mechanisms revised or developed.

[Click or tap here to enter text.]

Summarize technical assistance/support received during the quarter to ensure model fidelity (i.e., TA on CHEERS, webinars, TA that was obtained independently or with Central Administration support, etc.).

[Click or tap here to enter text.]

Summarize CQI activities the program completed during this quarter and progress toward reaching goals. [Click or tap here to enter text.](#) Did you share the progress with advisory board to gather insight and/or recommendations? **Yes** **No**

Did you enter these CQI activities entered in MIS? **Yes** **No**

FATHER ENGAGEMENT (Please refer to the Aggregate Counts report in MIS to gather data for this section).

Number of fathers or father figures involved in **FROGs** this quarter.

[Click or tap here to enter text.](#)

Number of fathers or father figures involved in home visits this quarter.

[Click or tap here to enter text.](#)

What barriers to fatherhood engagement were identified this quarter?

[Click or tap here to enter text.](#)

Summarize outcomes of activities implemented to increase fatherhood engagement this quarter (fatherhood conference calls, activities, family events, trainings, etc.).

[Click or tap here to enter text.](#)

PROGRAM OUTREACH & ENGAGEMENT ACTIVITIES

(BPS Standard 1-1.B,1-4.A) (CA Standard Q-4.1)

All outreach efforts to referral sources, including building, strengthening, and sustaining the coordination of home visiting within the larger community of perinatal and early childhood service systems (i.e., tabling, presentations, health fairs, etc.).

[Click or tap here to enter text.](#)

New referral source connections made this quarter.

[Click or tap here to enter text.](#)

Partnerships developed (formal and informal), including any steps taken towards a coordinated intake and referral system with other home visiting programs (if applicable).

[Click or tap here to enter text.](#)

Signed agreements, MOUs/MOAs sent to OCFS. | **Yes** | **No**

Notable changes regarding referrals and/or screenings this quarter.

Click or tap here to enter text.

TRACKING OF SITE'S CAPACITY, PROGRAM UTILIZATION AND PARTICIPANT RECRUITMENT

(BPS Standard 1-1.C, 1-2.C, 1-3.B, 2-2.C, 3-4.A) (CA Standard Q-4.1, Q-4.2)

How many participants are currently enrolled in the program this quarter?

Click or tap here to enter text.

If not meeting the number stated in the contract(s) this quarter, why and what is your plan to increase the number of participants in the program? Please comment on # of referrals and/or screens, acceptance, and retention rates.

Click or tap here to enter text.

Activities to recruit & retain participants (i.e., baby showers, street outreach, materials distributed such as curriculum or diapers, incentives, etc.).

Click or tap here to enter text.

Who is not engaging in your program (referring to the Acceptance Rate and Analysis report will be helpful in gathering this information)?

Click or tap here to enter text.

Number of families referred by each referral source this quarter. (Referral source outcome)

Click or tap here to enter text.

What was the eligibility status of those who were referred during this quarter?

Click or tap here to enter text.

Explain how the site uses data to monitor capacity and apply strategies to fill slots or reduce gaps in service.

Click or tap here to enter text.

MONITORING INITIAL ENGAGEMENT PROCESSES AND STRATEGIES TO STRENGTHEN

(BPS Standard 1-2.B, 1.2C) (CA Standard Q-4.1)

Based on information in the 1-2B MIS report and information from your ASR/Equity Plan summarize strategies developed to strengthen the initial engagement process and provide an update on strategies that have been implemented

[Click or tap here to enter text.](#)

*(attach the 1st page of the initial engagement process report 1-2.B)

PROGRESS/BARRIERS TO REACHING PERFORMANCE TARGETS AND INDICATORS

(BPS Standard 5-3.B, 7-1.B, 7-1.C) (CA Standard Q-4.2)

Based on the last performance indicators from CHSR, what improvements in performance indicators have occurred? What actions did you take to accomplish this? (Please write out performance indicators.)

[Click or tap here to enter text.](#)

Based on data in the Home Visit Log Summary report (from MIS), what aspects of home visiting are thriving in your program? What aspects can be strengthened in your program?

[Click or tap here to enter text.](#)

Explanations as to why specific performance targets were not met. (Please write out all performance targets.)

[Click or tap here to enter text.](#)

Specific to well-child care (7-1.C) please include what strategies have been developed and/or implemented to address any identified barriers of the receipt of well-child care visits.

[Click or tap here to enter text.](#)

Were any unmet targets or indicators due to inequitable access to care or services? If so, how is the program working to address barriers and promote equity?

[Click or tap here to enter text.]

Model fidelity (the extent to which your program delivers services that align with HFA BPS), Where does your program succeed? What areas need to be strengthened? (i.e., unmet performance indicators, etc.)

[Click or tap here to enter text.]

How does your program address or plan to address these challenges?

[Click or tap here to enter text.]

FUNDING, PUBLIC RELATIONS & COMMUNITY SYSTEMS

(BPS Standard 5-3.B) (CA Standard Q-4.2)

Participation on Task Force Committees. Highlight any advocacy done in these community groups to improve equitable opportunities within the community and increasing access and supports for staff and families.

[Click or tap here to enter text.]

Social media presence (social media, web presence, press articles).

[Click or tap here to enter text.]

Grants applied for and/or received and its interface with the Healthy Families grant.

[Click or tap here to enter text.]

Community contributions to the program?

[Click or tap here to enter text.]

Available funding in the community.

[Click or tap here to enter text.]

PROGRAM ENRICHMENT-

(BPS Standard 5-4.C) (CA Standard Q-4.2)

Follow up/progress with items noted in Program Improvement Plan (PIP) from the most recent OCFS site visit report and/or from most recent PCANY QA observations and visits.

[Click or tap here to enter text.]

Progress on activities noted in the previous quarterly report.

Was the program's ASR/Equity Plan presented to its advisory board? **No** **Yes**

Date presented

Please include feedback/suggestions received from your advisory board regarding the ASR/Equity Plan (be sure to include feedback on Capacity 1-1C, Equity Plan review 5-4C)

Did the program provide its advisory board minutes where the ASR/Equity Plan was discussed? **Yes** **No**

PLANS FOR NEXT QUARTER (regarding challenges identified this quarter)

OTHER PROGRAM ACCOMPLISHMENTS and UPCOMING EVENTS (optional)

ALL FIELDS ARE REQUIRED TO BE FILLED PRIOR TO SUBMISSION OF DOCUMENT

Please refer to the "Quarterly Report Guidelines for Data Reports" document located on the HFNY website under Reporting for more detailed information on how to analyze data reports referenced.